

# Patient Blood Management:

*Development of the Transfusion CNS role and transfusion service at HHFT during COVID*

# Interesting fact:

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- In 1736, the Winchester Hospital was founded. By 1861, the hospital was relocated to high grounds due to problems with the drainage system.
- The new hospital was designed by famous architect William Butterfield, with the help of Florence Nightingale who advised on the construction. Upon its opening, it had fourteen out-patients and sixteen in-patients.
- It was given the title to be 'Royal' by Queen Victoria – and still remains today as The Royal Hampshire County Hospital (RHCH).



# Transfusion Team in HHFT:

Name	Job title
Dr Henna Wong (previously Dr Nigel Sargant)	Transfusion, Clinical lead
Stephen Knight	Interim Transfusion Operational Manager
Christina Kirby	Transfusion CNS and PBM lead
Jenny Bodkin	Transfusion Practitioner
Catherine Wilson	Transfusion Practitioner
Olivia Martins and Linda Holloway	Transfusion Senior Biomedical Scientists

# Blood transfusions at HHFT



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We provide a comprehensive blood transfusion service to all sites within the trust, local hospices and several private hospitals.

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There are two transfusion laboratories in Basingstoke and Winchester.

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We have two outpatient transfusion units – Colebrook unit RHCH & Lyford Unit BNH

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Approximately 13,400 units of blood products are administered each year within the Trust.

# My role prior to the pandemic:

- Haematology CNS, specialising in malignant & non-malignant blood conditions.
- Previous MDS clinic managing blood transfusion programme for this specific patient group, with the support of the consultant.
- Specialist training in Transfusion including: non-medical authorisation of blood products.

# Background: How the PBMT started

- At the start of the COVID-19 pandemic in 2020, many CNS's were being redeployed to help other departments.
- NHSBT highlighted that blood products stocks could decrease rapidly due to the outbreak of COVID-19. In March, there was already a reported 20% reduction in the donors and increasing levels of sickness at NHSBT.
- NHSBT recommended that each hospital should establish an *Emergency Blood Management team*, to manage blood product use and ensure it is used appropriately (NHSBT, 2020).
- Based on this, we decided to set up a PBMT to improve our transfusion practice.

My PBM Role:



Capturing data on anaemic patients:  
Hb <100 or ferritin <10 and  
advising on haematinic  
replacement

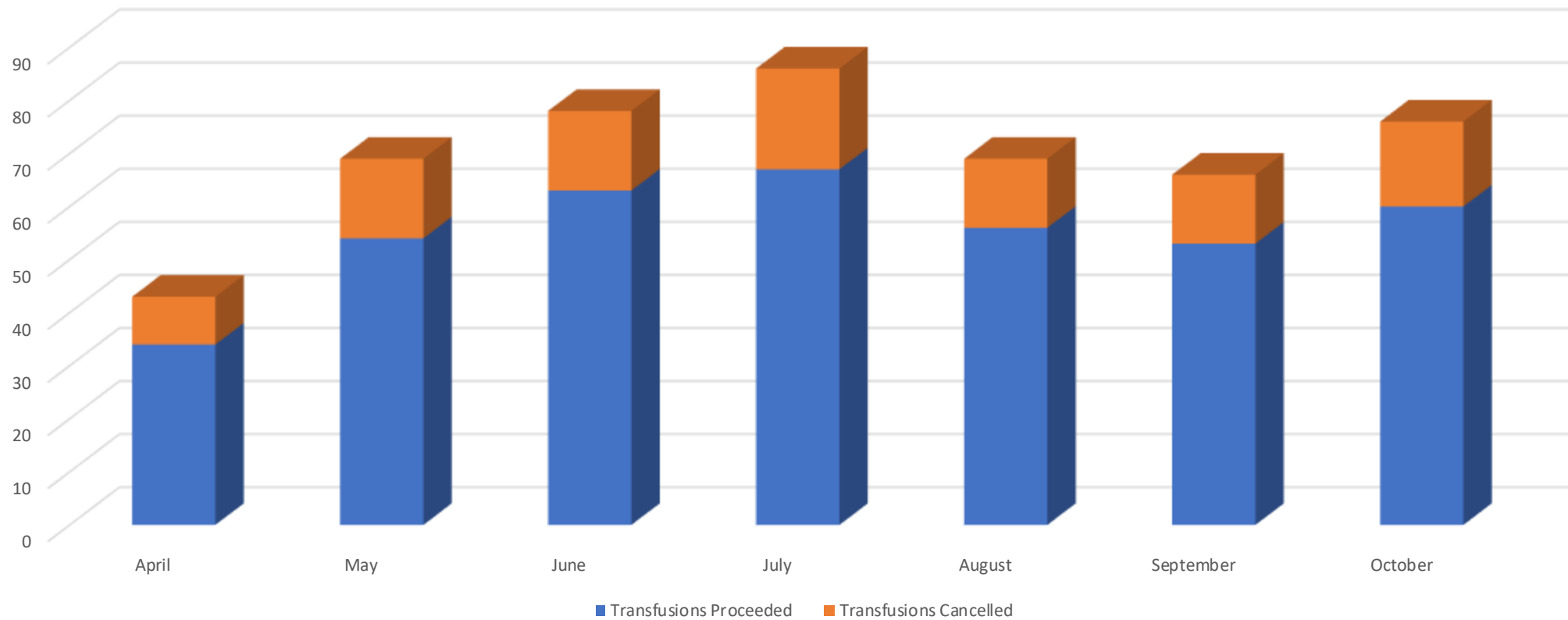


Review of patients on  
regular transfusion  
programme

# Impact of PBM:

100 transfusions  
cancelled in 7  
months

Outpatient transfusions April - Oct 2020





## Development of the role:

### Where are we now/what have we achieved?

- Central hub for all outpatient transfusions. Referrals made for PBMT advice from Gastro, Oncology, Pre-op & Haematology.
- Transfusion phone line for advice to HCP & patients
- Order and authorise blood products – this has been approved since May/June 2020 for non-medical prescribers since PBM started
- Increase the use of Oral/IV iron – by checking haematinics.
- Transfusion service is more efficient and has reduced inappropriate transfusions through using a centralised approach.



**Hampshire Hospitals**  
NHS Foundation Trust

Thank you for listening!

Any Questions? 😊

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